

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039669

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5511 Registrar's No. 277

STATE FILE NUMBER

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fields Creek		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi west of Clinton		d. STREET ADDRESS (If outside, give location) 1103 N Second St.	
3. NAME OF DECEASED (Type or print) First Middle Last BILLIE LECLAIRE COLLING		4. DATE OF DEATH Month Day Year Probable Oct 16, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/8/41
9. AGE (last birthday) 22		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Navy Personnel		10b. KIND OF BUSINESS OR INDUSTRY US Navy	
11. BIRTHPLACE (City and state or country) Spokane, Wash		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ralph Leclaire Colling		13b. MOTHER'S MAIDEN NAME Mona Sherrick	
14. NAME OF HUSBAND OR WIFE Wanda Colling		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Presently	
16. INFORMANT Mrs Mona Pasley, Clinton, Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Un Natural Cause DUE TO (b) Probable Carbon Monoxide Poisoning DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH Immed.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>unattended</u> , to <u>afternoon</u> and last saw her alive on <u>the date stated above</u> , and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Richard H. King M.D. Henry County Coroner		22b. ADDRESS 106 S. 3rd Clinton Mo.	
22c. DATE SIGNED 10-26-63		23. NAME OF CEMETERY OR CREMATORY Newton Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 28, 63	
23c. LOCATION (City, town, or county) Nevada, Missouri		23d. DATE RECD. BY LOCAL REG. Oct 26, 1963	
24. FUNERAL DIRECTOR Consalus Clinton, Mo.		25. REGISTRAR'S SIGNATURE Mildred Bigum	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

10-26-63

PHB